Sub	stitute for form 1449/PTO			Complete if Known		
				Application Number	09/857,491-Conf. #5202	
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S	TATEMENT B	3Y /	APPLICANT	First Named Inventor	Toyokazu SUGAI	
				Art Unit	2623	
	(Use as many sh	eets as	s necessary)	Examiner Name	S. A. Chowdhury	
Sheet	1	of	1 .	Attorney Docket Number	1163-0340P	

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Examiner Initials*	Cite No.¹	Document Number  Number-Kind Code <sup>2</sup> ( if known)	Publication Date MM-DD-YYYY	Name of Palentee or Applicant of Cited Document	Pages, Columns, Linos, Where Relevant Passages or Relevant Figures Appear	
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	No.1	Country Code <sup>3</sup> -Number <sup>4</sup> -Kind Code <sup>8</sup> (if known)				
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